

## ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

**Washington County Memorial Hospital**

City: Salem County: Washington Year: 2004

Provider Type: Critical Access Hospital

| <b>I. Inpatient Care</b>            |                              |                             |                               |                                     |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------|-------------------------------------|
| <b>Hospital Service Description</b> | <b>Number of Set Up Beds</b> | <b>Number of Discharges</b> | <b>Number of Patient Days</b> | <b>Average Charge Per Discharge</b> |
| Burn Care                           | 0                            | 0                           | 0                             | \$0                                 |
| Cardiac Intensive                   | 0                            | 0                           | 0                             | \$0                                 |
| ICU Med/Surg                        | 4                            | 183                         | 511                           | \$2,198                             |
| ICU Neonatal                        | 0                            | 0                           | 0                             | \$0                                 |
| ICU Pediatric                       | 0                            | 0                           | 0                             | \$0                                 |
| Medical/Surgical                    | 12                           | 820                         | 3,068                         | \$711                               |
| Neonatal Intermed                   | 0                            | 0                           | 0                             | \$0                                 |
| Obstetrics                          | 3                            | 104                         | 219                           | \$627                               |
| Pediatric                           | 0                            | 0                           | 0                             | \$0                                 |

|                 |    |       |       |         |
|-----------------|----|-------|-------|---------|
| Psychiatric     | 0  | 0     | 0     | \$0     |
| Rehabilitation  | 6  | 204   | 944   | \$2,443 |
| Substance Abuse | 0  | 0     | 0     | \$0     |
| Swing Beds      | NA | 0     | 0     | \$0     |
| Other Services  | 0  | 0     | 0     | NA      |
| Acute Subtotal  | 25 | 1,311 | 4,742 | NA      |
| Normal Newborn  | 3  | 101   | 210   | \$461   |

| <b>II. Outpatient Visits</b>                           |        |                     |        |
|--|--------|---------------------|--------|
| Circulatory System                                     | 1,818  | Digestive System    | 1,221  |
| Endocrine System                                       | 1,344  | Injuries and Poison | 4,535  |
| Mental Disorder  | 865    | Musculoskeletal     | 3,208  |
| Neoplasms  | 692    | Nervous             | 984    |
| Respiratory  | 1,450  | Urinary             | 1,481  |
| Other/Unknown  | 14,765 | Total Visits        | 32,363 |
|  |        |                     |        |
| Number of Visits to Emergency Department               |        |                     | 7,806  |
| Percent of Emergency Department Visits of Total Visits |        |                     | 24.1%  |

## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

|                                 |                            |                            |
|---------------------------------|----------------------------|----------------------------|
| N - Ambulance Service (Owned)   | Y - Alcohol/Drug Service   | Y - Anesthesia Services    |
| N - Audiology                   | Y - Blood Bank             | N - Cardiac Cath Lab       |
| N - Cardiac-Thoracic Surgery    | N - Chemotherapy Service   | N - Chiropractic Service   |
| Y - CT Scanner                  | N - Dental Service         | Y - Dietetic Service       |
| N - Extracorporeal Lithotripter | N - Gerontological Service | N - Home Health Service    |
| N - Hospice                     | Y - Laboratory Anatomical  | Y - Laboratory Clinical    |
| Y - Magnetic Resonance (MRI)    | Y - Neonatal Nursery       | N - Neurosurgical Service  |
| Y - Nuclear Medicine            | Y - Occupational Therapy   | Y - Operating Room         |
| N - Ophthalmic Surgery          | N - Optometric Service     | N - Organ Bank             |
| N - Organ Transplant            | N - Orthopedic Surgery     | Y - Pharmacy               |
| Y - Physical Therapy            | N - PET Imaging            | Y - Postoperative Recovery |
| N - Psychiatric Emergency       | N - Psychiatric Child      | N - Psychiatric Forensic   |
| N - Psychiatric Geriatric       | Y - Radiology Diagnostic   | N - Radiology Therapeutic  |
| N - Reconstructive Surgery      | Y - Respiratory Care       | N - Rehab Inpat CARF       |
| Y- Rehab Inpat Non CARF Acc     | N- Rehab Outpatient        | Y- Renal Dialysis          |

|                         |                             |                             |
|-------------------------|-----------------------------|-----------------------------|
| Y - Social Services     | Y - Speech Pathology        | Y - Surgical Inpatient      |
| Y - Surgical Outpatient | N - Trauma Center Certified | N - Transplant Cnt Medicare |
| N - Urgent Care Center  |                             |                             |

|      |                |       |                      |      |              |
|------|----------------|-------|----------------------|------|--------------|
| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|